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ABSTRACT

The ethical principles and code of conduct of the American Psychological Association are clear: psychologists are to avoid sexual relationships with former clients. But guidelines offer scant guidance on nonromantic and nonsexual relationships with former clients; the ethical risks of such relationships are explored in this paper. The information is presented in three parts. An overview of research findings that describe the types of nonromantic/nonsexual relationships that occur between psychologists and former clients, psychologists' perspectives of the ethical nature of these relationships, and their justifications for their perspective are covered first. Next, a conceptual framework that will help psychologists and psychologists-in-training assess the ethical risk of a post-therapy relationship with a former client is discussed. The last section suggests guidelines for psychologists-in-training to consider when nonsexual interactions or relationships with former clients are unavoidable. It is argued that if the risks are very low and the therapist has discussed, with the former client and in consultation, the potential problems as well as the necessary changes in the relationship that the new role implies, there may be no strong ethical objections from engaging in a post-therapy relationship. (RJM)

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Nonromantic/nonsexual Relationships with Former Clients: Implications for Psychologists' Training

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The presenter wishes to thank Dr. Karen Kitchener for her collaboration in this project. Portions of the following presentation have been taken from a manuscript written by Anderson and Kitchener (1996) that has been submitted for publication.

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Nonromantic/nonsexual Relationships with Former Clients: Implications for Psychologists' Training

Introduction

The APA Ethical Principles of psychologists and Code of Conduct is clear: psychologists are to avoid sexual relationships with former clients. But what about nonromantic and nonsexual relationships with former clients? Research suggests that psychologists have the opportunity to and at times enter into nonsexual post-therapy relationships with former clients (Anderson & Kitchener, 1996; Borys & Pope, 1989; Gottlieb, Sell, & Schoenfeld, 1988; Horst, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987; Sell, Gottlieb, & Schoenfeld, 1986). In addition, research also suggests that psychologists have differing views regarding the ethicality of these relationships.

The current APA code offers little guidance for psychologists as they encounter these situations. As a result, psychologists are on their own to determine whether these interactions or relationships are potentially beneficial or hurtful or harmful for former clients. Is there an ethical risk in entering into these relationships? If there is a risk, how high or low is the risk or how does one measure the risk?

To address the issue of ethical risk and a decision-making process this presentation will include three parts. First, I will provide a brief overview of research findings (Anderson & Kitchener, 1996) that describe the types of nonromantic/nonsexual relationships that occur between psychologists and former clients, the psychologists' perspective of the ethical nature of these relationships, and their justifications for their perspective. Following this overview, I will discuss a conceptual framework that will help psychologists and psychologists-in-training assess the ethical risk of a post-therapy relationship with a former client. Lastly, I will suggest guidelines for psychologists-in-

training to consider when nonsexual interactions or relationships with former clients are unavoidable.

Overview of research

Little if any research has examined the types of nonromantic/nonsexual relationships that occur or have the potential to occur between psychotherapists and former clients. The purpose of our study (Anderson and Kitchener, 1996) was to explore: 1) this type of contact between psychologists and former clients; and 2) whether psychologists perceived these post-therapy interactions to be ethically problematic, and why or why not.

Three hundred and twenty psychologists (from Divisions 29 and 42) were asked to participate in the study. Each psychologist was asked to "describe up to three instances of nonromantic/nonsexual relationships between psychologists and former clients" either from direct or indirect knowledge. They were encouraged to consider a wide variety of interactions or relationships with former clients. For each of the relationship descriptions they were asked to state whether they saw these as ethically problematic, why or why not.

A total of 63 psychologists responded to the study. Fifteen of the respondents indicated that they themselves had not encountered such a situation with a former client nor did they have information regarding other psychologists entering into a post-therapy relationship with a former client. The remaining participants provided 91 useable incidents of post-therapy relationships. These were sorted into eight relationship categories:

Personal/ Friendship, Social interactions, Business/Financial, Collegial/Professional, Supervisory/Evaluative, Religious, Collegial or Professional plus Social, and Work-place. In some cases the relationships were circumstantial and often

unavoidable. In others, the relationships were intentional. The following paragraphs are brief descriptions of each relationship type.

Personal/friendship: This was one of the largest relationship categories with 18 incidents. In these relationships the therapists and former clients had moved past social acquaintance to a closer or more intimate relationship. The therapist was more personally invested or involved and it was likely that the therapist's personal life was known by the former client.

Social interactions and events. This was the other largest category with 18 incidents. The types of social interactions were on a continuum ranging from a one time occurrence to a social activity which could have been more on going. As with two other types of relationships, there were circumstantial and intentional interactions. (Intentional meaning that either the former client or former therapist initiated the contact rather than the contact happening through a turn of events.)

Business/financial relationship. The theme of these 12 incidents involved descriptions of psychotherapists employing former clients, receiving money or financial advice from former clients, or former clients and therapists joining areas of expertise for a business venture.

Collegial/professional relationships. In 12 incidents the therapist and former client were in contact but held professional roles completely different from the therapist-client roles.

Supervisory/evaluative relationships. In 10 incidents the therapist had taken on a role that required overseeing and/or evaluating the former client's performance in a clinical or academic setting.

Religious affiliation relationships. Although the main theme of this category was attending the same church, most all of the nine incidents included another type of interaction (e.g., working together on church committees).

Collegial/professional plus social relationships. In these seven relationships there was a collegial/professional relationship as well as social interaction. The social interaction took place in a variety of settings.

Work-place relationships. Five incidents were descriptions of the therapist and former client finding themselves in the same work place either a professional peers or employees of the same clinical practice.

As previously stated, research suggests that psychologists have differing views regarding the ethical nature of these relationships (Anderson & Kitchener, 1996) and they offer a continuum of perspectives (Anderson, 1993). On one end of this continuum were the strong opinions of some psychologists who stated that posttherapy relationships, of any kind, were unethical and should not occur between therapists and former clients. To justify this perspective they offered reasons like: the therapeutic relationship continues in perpetuity; the therapist should remain available to the former client for further therapy in the future; and/or there could be issues related to unresolved transference, idealized internalized image of the therapist, and bias because of special knowledge. These issues could bring harm to the former client if a post-therapy relationship occurred. In addition, some psychologists reported negative personal consequences such as discomfort or awkwardness when participating in a posttherapy relationship. Here are some of the examples:

> I have no information. It is my strong belief that once there is a therapeutic relationship, it is always extant to some degree. Thus to enter into any other type of relationship would be unethical. I imagine that my strong belief in this regard keeps me from ever knowing of another psychologist doing so, as well.

> to separate work behavior from the psychological knowledge....Anytime [the] employee was late for work or work behavior was decreasing, it would be difficult to remain unbiased.

> ...clients often idealize their therapist and getting together socially becomes too heavy [a] dose of reality all at once which can be difficult for [a] client, especially when the treatment relationship is over and [a] client may not have a setting to work through this.

> My relationship with the former client...causes me to cut this person slack...[in two business/financial arrangements]....The former client thrives and appears to benefit greatly, but I'm not sure it is good for me. Also it could cause too much dependency on me.

On the other end of the continuum were the opinions of psychologists who proposed the opposite perspective; nonromantic/nonsexual relationships with former clients were not unethical. These psychologists were equally convinced and provided the following justifications: termination was the end of the therapeutic relationship, contact was brief and unplanned, confidentiality was maintained, compartmentalization of concurrent roles such as former therapist and business acquaintance was inevitable, and/or post-therapy relationships can naturally evolve from a therapeutic relationship. The following are examples:

> Although I had hesitations initially regarding the friendship, I do not see it as ethically problematic because 1) our therapeutic relationship was terminated, 2) it was agreed that if my former client wanted to re-engage in therapy that they would seek a different therapist, and 3) we have discussed in detail and maintain very clear boundaries in our friendship including confidentiality of our previous therapeutic relationship and assuring communication of needs and f..elings remains two ways.

> We all have multiple roles....Some degree of compartmentalization is normal in life....dual relationships between [the] therapist and client are sensibly managed this.

In between these two opposing viewpoints were the opinions of psychologists who suggested that at least some nonromantic/nonsexual posttherapy relationships can be unethical or at least "ethically awkward." Here is one example:

> At times [it is] uncomfortable for me (who would like to keep my personal and professional experiences separate) but I see no clear violation of ethical standards....It is extremely important at the outset to discuss potential complications re: overlap of contact with patients in this category.

In summary, participants presented varying perspectives about the ethical nature of post-therapy relationships. A majority of participants who described incidents in the Social Interactions and Events, Business/Finance Relationships, and Work-place Relationships perceived these relationships as ethically problematic. On the other had, the majority of participants who described Collegial/Professional Relationships and Collegial/Professional plus Social Relationships perceived these relationships as not ethically problematic. An equal number of participants perceived Personal/Friendship Relationships and Supervisory/Evaluative Relationships saw these as ethically and not ethically problematic. Only one relationship category, Religious Affiliation, was perceived unanimously by participants as not ethically problematic.

Through this research several issues became apparent. First, some psychologists are faced with the reality or the potential reality of nonsexual post-therapy relationships with former clients. Second, there is a lack of consensus among participants whether or not nonsexual post-therapy are ethical. At times these participants stated the same or similar issue as their justification for entering or not entering into a post-therapy

relationship. Third, even though a small majority of the participants saw the post-therapy relationship they described as not ethically problematic most of these psychologist did, however, recognize the awkwardness and their discomfort that they or the former client had not been prepared for the post-therapy contact.

In the following discussion I will briefly present a brief overview of key ethical principles relevant to nonsexual post-therapy relationships, a rationale for a more reflective process regarding post-therapy relationships, and a then a conceptual decision making model or framework, developed by Dr. Karen Kitchener and myself (1996), to assist psychologists and other mental health professionals to evaluate the risks involved when presented with the opportunity to enter into a post-therapy relationship. The concept of risk is taken from a discussion by Sonne (1994) who suggests, "A key factor in the definition of unethical multiple relationships is the concept of risk" (p. 339).

Key Ethical Principles

When ethical codes are silent as they are in the case of nonromantic, nonsexual relationships with former clients the question arises: How should psychologists evaluate the ethicality of entering into such relationships? Does the Ethics Code's (APA, 1992) silence imply that psychologists can enter such relationships with impunity? As already noted, some in the Anderson and Kitchener (1996) study thought that was not the case. How then should psychologists think about their ethical responsibility with former clients and act toward them?

General Principles from the APA Ethics Code (1992) exhort psychologists to demonstrate integrity, be concerned for the welfare of others, respect others rights and dignity, and to be socially responsible among other things. From a foundation of ethical

theory, these aspirational guidelines in the Code reflect the normative principles of beneficence (do good); nonmaleficence (do no harm); autonomy (respect for the individual's free choice and action); fidelity (be faithful, honest, trustworthy, and promisekeeping) and justice (be fair) (Beauchamp & Childress, 1994; Kitchener, 1984). In some instances "good" and "harm" should be obvious to the psychotherapist. There is a plethora of data (Bouhoutsos, Holroyd, Lerman, Forer, & Greenberg, 1983; Butler & Zelen, 1977; Chesler, 1972; D'Addario-Durre' cited in Durre', 1980; Feldman-Summers & Jones, 1984; Schoener & Milgrom, 1987), for example, suggesting that sexual relationships between psychotherapists and clients are harmful to the current client. By contrast, the potential for good or harm in nonsexual dual or multiple role relationships with former clients maybe less obvious. The principles of beneficence and nonmaleficence suggest; however, that prior to entering into such relationships psychologists must ask: What is the potential good or harm? Do nonsexual relationships with former clients provide the client with further growth or is there a risk of exploitation by the former therapist?

The principle of autonomy is underlined in the Ethics Code (APA, 1992) in the General Principle of Respect for Peoples' Rights and Dignity. The principle autonomy should remind psychologists that they have a responsibility to refrain from "interfering in the expression of self-determination by those who wish to make decisions for themselves" (Bersoff, 1992, pp. 1569-1570). One goal of therapy is often to help clients become better at making choices about their own lives. To simply say to clients that after termination any relationship with a former therapist is forbidden may undermine clients' trust in themselves and suggests that they are always incapable of giving informed,

rational consent about those with whom they choose to interact (Bersoff, 1994). On the other hand, acting autonomously presumes that former clients can act intentionally, with understanding and without undue controlling influences (Beauchamp & Childress, 1994). The principle of autonomy suggests that the therapist ask questions such as: In light of the power differential in the former therapeutic relationship, to what extent is the former client's decision free of controlling influences? To what extent does the former client understand the ramifications of changing the relationship?

When psychologists agree to accept someone for psychotherapy they are entering into a fiduciary relationship with the potential client. Such relationships are built on the assumption that the psychologists will act in the best interests of the client. Similarly, there is an implicit assumption that the therapist is knowledgeable about the dynamics of the relationship as well as what will both aid and hinder the client's recovery. Accordingly, the principle of fidelity requires that in their relationships with former clients, psychologists refrain from acting in ways that will undo the gains that clients have made and paid for (Kitchener, 1992). Consequently prior to entering to a relationship with a former client, psychologists must ask questions like: Do posttherapy relationships enhance the progress made in therapy or risk undoing the good that was accomplished? Do these relationships increase or decrease the former client's or public's trust of psychotherapist and the practice of psychotherapy?

Rationale for the conceptual framework

It is unlikely that an absolute response such as, "Every nonsexual post-therapy relationship exploits, damages, undoes therapeutic gains, destroys trust, and always harms the former client" sufficiently answers these questions. In addition, not all post-

therapy relationships are avoidable. Therefore, a more helpful or useful guide might be: the greater the risk of an adverse consequence such as undermining the trust established or the gains made in a psychotherapy relationship, the greater the need to avoid entering into the relationship. Risk implies the likelihood or potential for something to happen. Insurance companies establish actuarial tables to determine risk or the likelihood of an accident. Psychologists have a more difficult task when assessing the potential for ethical risks in post-therapy relationships. Therefore, a conceptual framework is needed to help psychologists systematically assess the ethical risks of a post-therapy relationship.

The following conceptual framework, composed of four components, is presented as a model that can be use collaboratively with a former client and/or professional peer to systematically assess the aspects of posttherapy relationships that create the highest ethical risks.

Conceptual Framework for Analyzing Ethical Risks of Post-Therapy Relationships

In reviewing the data from our study, the justifications (to enter or not enter a nonromantic/nonsexual post-therapy) seemed to fall into four general themes. Three of the four themes have been identified by Orlinsky & Howard (1986) and Orlinsky, Grawe & Parks (1994) as aspects of the therapeutic process. These three themes are: the therapeutic contact, the dynamics of the therapeutic bond and therapist motivation. The fourth theme was social role issues such as the power differential and role expectations. From these themes we developed four conceptual framework components: the therapeutic contract and its parameters, the dynamics of the therapeutic bond or relationship, social roles issues, and the therapist's professional and personal motivation Respectively, the themes move from obvious, overt and objective issues to hidden, covert

and subjective judgment issues. No one component is more important than another; rather each component must be considered and evaluated when trying to identify potentially negative consequences the post-therapy relationships.

Component 1- Therapeutic contract and parameters of contracted relationship.

According to Orlinsky and Howard (1986) the therapeutic contract is the "sine qua non of psychotherapy" (p. 313) and the "blueprint" on which the therapeutic relationship is constructed. The contract identifies or clarifies important issues like confidentiality, the duration of the relationship, and the roles of the therapist and client.

This component is one of the more tangible for psychologists as they considers the risk of adverse consequences of a post-therapy relationship. The therapeutic contract would include such issues as: a definite closure or a termination process to the therapeutic relationship, the time period since termination, the specific presenting problems or therapeutic issues, how the confidentiality of the therapeutic relationship will be maintained, and the former clients' foreseeable need of therapy in the future. For application purposes, a psychologist could address the following questions to evaluate the parameters of the therapeutic contract that might in turn suggest refraining from entering into the post-therapy relationship.

1) Did we come to a formal or identifiable closure to our work together?

2) Did the former client and I process the termination of our therapeutic relationship?

3) Is there a long enough time period between the termination and this new possible relationship that will allow both of us to engage with new role behaviors?

4) Can I maintain the confidentiality of the therapeutic relationship in this post-therapy relationship?

5) Does the former client have a clear understanding of how the confidentiality of the former relationship will be handled?

6) How would I classify the presenting problems or therapeutic issues: chronic, severe, related to personality structure, trauma, situational, developmental, behavioral, etc.?

7) Were the presenting problems resolved as determined by the treatment plan?

8) If the presenting issues were not resolved, was the former client referred to another therapist for additional assistance?

9) If the issues were not resolved and the former client was not referred, what is the likelihood he or she will need therapy in the future and seek out my services?

10) Does the former client understand that entering a post-therapy will limit the opportunity to return to therapy?

Answering these questions can illuminate issues of autonomy, nonmaleficence, beneficence, and fidelity that may be problematic in nonromantic, nonsexual relationships with former clients. Autonomy assumes that the former client can make a rational or reasonable choice about entering a post-therapy relationship with the former therapist. In order for the former client to make a rational choice he or she must be informed about issues such as confidentiality, the unlikelihood of returning to a therapy relationship with the former therapist, and the therapist's perspective of the work completed or the amount of work still needed for resolution of the presenting issue.

The very essence of the therapeutic contract is to do good, be faithful, trustworthy, and loyal. For the most part, doing good is easily identifiable. For example, it is good if the client obtains the therapy goals, develops psychologically and emotionally through the process of therapy, and the therapeutic relationship was terminated in a therapeutic

manner. It is a more difficult to identify all potential acts in a post-therapy relationship that might harm a client or violate fidelity. For example, however, if the former therapist cannot answer the fourth and fifth questions listed above regarding the maintenance of confidentiality in an affirmative manner both principles could be violated by accidentally revealing the therapeutic relationship or confidences the former client shared in therapy. A more subtle potential for harm is suggested by questions seven through ten if the psychologist is aware that the former client's may need future therapy yet ignores this possibility and enters into a post-therapy relationship anyway.

Psychologists might forgo entering into the post-therapy relationship if the following is the case: They did not process termination or complete the termination in a therapeutic manner. Either could lead to role confusion and increase the potential for harm. They can foresee that the former client may seek out their services in the future. This is especially true if the presenting problems were not resolved or were chronic, related to personality structure, or trauma induced. The more severe and characterological the presenting problem the less likely that the post-therapy relationship can be clean of therapeutic issues and that the client will not need further therapy. Lastly, the psychologist should forgo the post-therapy relationship if confidentiality of the therapeutic relationship and its contents will be difficult to maintain; and if the time period between termination and the new relationship is short.

Component 2- Dynamics of the therapeutic bond.

Orlinsky and Howard (1986) described the therapeutic bond as the "relationship that forms between patient and therapist as they implement the therapeutic contract" (p. 313). They identify three main aspects of the relationship: "role investment," "empathic

resonance," and "mutual affirmation." These aspects of the therapeutic bond may become a potent force, so much so that the client internalizes the therapist's image (Pope, 1988; Geller, Cooley, and Hartley 1981-1982). It can be as simple as the client thinking, "I wonder what Dr. X--- would say about this." The therapist's perspective, guidance, and/or voice may be internalized and used by the former client as the former client faces difficult new issues or choices after termination. Two other aspects of the therapeutic relationship, transference and the power differential, are also paramount. The client may have been encouraged by the therapist to transfer unresolved feelings from past relationships on to the therapist. In the transference the psychotherapist has represented himself or herself as well as others in the therapeutic relationship. This is a complex relationship dynamic and one that is not easily untangled. The therapeutic bond also includes an element of power. A client comes to a therapist seeking the therapist's expertise. The therapist sits in a place of power to give help, provide information, or offer interpretation. As a consequence, a power differential exists between the therapist and client that increases the potential for exploitation.

Aspects of the therapeutic bond component are more obtuse than the therapeutic contract component. However, the psychologist can use the following questions to assess some of the potential risks that the prior therapeutic bond may have on a post-therapy relationship.

1) What was the status of the power differential when termination occurred?

2) In light of the power differential in the former therapeutic relationship, to what extent is the former client's decision free of controlling influences?

3) What did I do in therapy to encourage the former client's self reliance and self responsibility?

4) Did I see self reliance and responsibility increase or unnecessary dependence continue?

5) Will this post-therapy relationship enhance the progress made in therapy or risk undoing the good that was accomplished?

6) What did I do in therapy to encourage transference (i.e., role play a parent, interpret the therapeutic relationship as it related to past relationships)?

7) Were these transferred feelings resolved?

These questions can be used to understand how ethical principles can be applied to analyze ethical pit falls in a post-therapy relationship. For example, as noted autonomy assumes a person has self reliance and self responsibility. If in relationship to questions 3 and 4, psychologists were aware of dependence in the therapeutic relationship rather than a growing independence and interdependence then they would need to assume that this dynamic would continue in a post-therapy relationship leading to similar problems. In addition, autonomy implies freedom of choice. Freedom of choice becomes an issue of concern if power differential of the therapeutic relationship, as addressed in questions 1 and 2, continues to exist after termination since the former client could be unable to make a free choice about entering a post-therapy relationship. For the former client to make a truly self reliant choice the therapist's desire would have to not influence the former client's desire to enter into or not enter into the relationship.

Questions 1 through 4 also help identify issues of beneficence and nonmaleficence. Self reliance and responsibility in a post-therapy might suggest further

growth and development for the former client which would be a benefit for the client. However, unhealthy dependence that is a carry over from the therapeutic relationship suggests the potential for harm and exploitation of the former client.

Transference issues, as addressed in questions 5 through 7, further complicate relationships that continue after official termination has occurred. If transference issues were encouraged and then resolved they may be related to positive therapeutic outcome. However, if transference was promoted and not resolved the psychologist may need to seriously consider the power of this dynamic in the post-therapy relationship. This would suggest a greater risk of undoing any good accomplished in therapy and promoting the possibility of a harmful post-therapy relationship.

Component 3-Social Role Issues.

Kitchener (1988) examined the "problematic" nature of dual role relationships from the perspective of social role theory and role conflict (see Deutsch & Krauss, 1965; Getzels & Guba, 1954; Secord & Backman, 1964). Following this same line of reasoning may prove useful for evaluating potential ethical problems in post-therapy relationships given that ethicists (Kitchener & Harding, 1990; Pope & Vasquez, 1991) have included both concurrent and sequential relationships in their definition of multiple role relationships. Social role theory suggests that each role has a prescribed or expected set of expectations and obligations. These expectations and obligations define the appropriate behaviors for a person to perform in the role. In the therapist-client relationship, clients expects psychologists to help, not harm, them. In addition, clients expect their needs and welfare to be given priority in the relationship. Psychologists, as therapists, are obligated to meet these expectations. In their respective roles, therapists

ask questions and clients responds providing therapists with important and private information about the themselves. Therapists' special knowledge about clients contributes to the power differential. As expectations and obligations of a new role diverge from the therapeutic one, the potential for role conflict to occur increases (Getzels & Guba, 1954) since the expectations and obligations associated with one role compete with the expectations and obligations of the other role. For example, the role expectations and obligations of the therapist are to care foremost for the welfare of the client. The therapist's personal needs are not part of the relationship exchange. In a post-therapy relationship such as a friendship the role expectations include mutuality of needs and loyalty. It is no longer a one-sided relationship with the former client's concerns being foremost in importance and focus.

New expectations and obligations come with a post-therapy relationship. What happens to the expectations and obligations of the therapy relationship? Do some of them, like confidentiality continue; while others, like the former client's need to be preeminent, discontinue? In the PBS documentary, My Doctor, My Lover, (Zaritsky, 1991) Melissa Roberts Henry poignantly states, "He was already my doctor and helping me, and if, he (her former therapist) became my lover as well, he would be my doctor and my lover": illustrating the mistaken belief that the therapeutic relationship could continue when a sexual relationship began and a naiveté, which is probably not uncommon among clients, about the potential for role conflicts to occur. By contrast, therapists cannot ignore that they have special knowledge about former clients that could hinder their ability to be objective in the post-therapy relationship. They cannot ignore that a power differential did exist and likely, on some level, still continues even though termination

occurred. And lastly, they cannot ignore the potential role conflict between the expectations and obligations of the former therapeutic role and the new role (e.g., business partner) in the post-therapy relationship.

The following questions are provided to help the psychologist evaluate the social role issues that might increase risk of harm for the former client.

1) How similar or dissimilar are the role expectations and obligations of the new relationship from the role expectations and obligations of the therapeutic relationship?

2) To what extent does the former client understand the ramifications of changing the relationship?

3) How might the knowledge gained in therapy influence perceptions or judgments of the former client in the post-therapy relationship?

4) Have the former client and I discussed, clarified and agreed on the expectations and obligations of the new relationship?

5) To what extent can the former client and I can be equals in the new relationship?

As with the prior questions ethical principles can help psychologists analyze responses to these questions. Respect for autonomy presumes that therapist assures that the relationship is voluntary and that the person has necessary information about the relationship to make an informed choice about entering it. Consequently, a discussion about expectations and obligations of the new relationship between the former client and therapist, as suggested by questions 2 and 4, as well as an explanation that the former therapeutic relationship cannot continue could possibly provide information for the former client to make a decision about the wisdom of entering a post-therapy relationship.

The principles of beneficence, to do good, implies that the new relationship with its role obligations and expectations will be good for the former client or at minimum not undo the good that resulted from the therapeutic relationship. Questions 1, 3, and 5 suggest that the therapist must assess as well the power differential as well as the new expectations and obligations and the extent to which the changes could harm or benefit the client. This may decrease the likelihood of future misunderstanding and confusion in the post-therapy relationship for the former client.

In summary, to evaluate the potential of harm for the former client the psychologist must compare the role expectations and obligations of the previous relationship with the role expectations and obligation of the new role and clarify the changes in role expectations and obligations that have or will occur with the former client. Further, the former therapist must clarify that the therapeutic relationship cannot and will not continue.

Component 4-- Therapist Motivation.

Orlinsky, Grawe, and Parks (1994) point out that the ways therapists "perceive and construe their own desires and intentions" (p. 280) can influence therapeutic outcome. They describe these as an aspect of therapist self-relatedness. Here, it is labeled as therapist motivation. In the post-therapy relationship the psychologist can have competing values or competing motivations. As a result, hidden agendas and conflicting interests need to be identified. The potential for objectivity to lose out to rationalization may occur when therapists examine the possibility of entering into post-therapy relationships especially if they have not examined their motivations. Thus, as psychologists consider a new relationship they need to ask, "Why do I want to enter into

this relationship?" To be more specific it may be helpful for the psychologist to ask the following types of questions:

1) What are the professional benefits for me if I enter into this relationship?

2) What are the personal benefits?

3) Am I exploiting the former client by entering this new relationship?

4) Is this posttherapy relationship avoidable and if it is why am I considering entering into the relationship?

5) Will this relationship increase or decrease the former client's or public's trust of psychotherapists and the practice of psychotherapy?

6) One year from now will I be satisfied with my decision?

7) Have I sought consultation to sort out my motivations?

Obviously, all the ethical principles need to be examined as therapists answer the above questions and consider the impact that their decision driven by motivation may have on former clients. For example, is the intent to do good for the former client or for ones self? Is the intent only to meet a personal need that could result in being seen as selfish and untrustworthy by the former client? Is the former client aware of the psychologist's motivation for the post-therapy relationship so that he or she may make an informed choice about entering the relationship? Is the therapist's motivation paternalistically driven? Bottomline, the therapists motivations and their potential to do good and avoid harm for or to the former client are crucial.

The value of consulting with another mental health professional cannot be over stated when examining one's motives since other professionals can be more objective about the relationship and can point out potential problems. If psychologists can avoid

post-therapy relationship then their motivations for not doing so need to be evaluated. If the psychologist becomes aware that the new relationship benefits him or her more than the former client then there is a greater risk of harming the former client unless two conditions exist. First, the former client is clear about the therapist's motivation for being in the post-therapy relationship and the former client is clear that this is not a continuation of the therapeutic relationship.

In summary, I presented a conceptual framework for psychologists and psychologists-in-training to systematically assess the potential risks of entering into a nonromantic/nonsexual post-therapy relationship. If the risks are very low and the therapist has discussed, with the former client and in consultation, the potential problems as well as the necessary changes in the relationship that the new role implies, there may be no strong ethical objections from engaging in the post-therapy relationship. If the risks are high or even moderate the psychologist should forgo entering into such relationships since to do so might jeopardize the welfare of the former client.

Unavoidable Post-therapy Relationships

At times, post-therapy relationships may be unavoidable. In light of that I have begun to develop a list of guidelines for practitioners to consider.

Proposed Guidelines

1) Seek consultation before entering into the relationship. Discuss with another profession the ethically problematic nature of the posttherapy relationship (i.e., discrepancies between the role as former therapist and the new role, the power differential, etc.). Be ready and proactive regarding future problems.

2) Address with the former client whether the termination was final. If termination was final discuss with the former client what they will do if future therapy is needed. Can it be agreed upon that they will seek another therapist if infact another therapist is available.

If termination was not final and another therapist is not available the therapist and former client need to each clarify the role expectations of the post-therapy relationship and how they are similar or dissimilar from the therapist-client relationship.

3) Spend as much time as is necessary in discussion with the former client to set or clarify the boundaries of the new relationship.

4) Be ready and willing to dialogue with the former client about the dynamics of the new relationship.

5) Discuss with the former client how confidentiality of the therapist-client relationship will be maintained.

6) In consultation take some time to explore any professional or personal concerns you might have about the post-therapy relationship.

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